

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Chester G	12	08/31-01
O.I.P.E. CLASSIFIER		917	10-4-01
FORMALITY REVIEW	AM		
RESPONSE FORMALITY REVIEW	M.D.	615	03-02-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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52-857  
 10/4 851 03/08/10